

**TEAR OFF & KEEP THIS PAGE****COMPLAINT REPORT FORM**

This Complaint Report is to request that the Department of Labor and Industries (L&I) conduct an investigation of a violation by an employer, or to initiate an investigation into a wage-related violation that affects more than one employee (e.g., a company-wide overtime audit). Please note that if the complaint is wage-related and you are no longer employed and are the only employee affected, you must file a Wage Claim (form number F700-039-000) rather than a Complaint Report.

Fill in the form as completely as possible to provide L&I with the information necessary to substantiate the complaint. If necessary, use a separate sheet of paper for recording this information. Failure to fill the form out completely will delay the processing or acceptance of the complaint.

You should provide your name, address and telephone number. If you *do not* want this information disclosed based on the criteria set out below in RCW 42.17.310(1)(e), please mark box number 33 requesting such on the back of the complaint form. If releasing your identity is not a concern, or you do not meet the criteria set out in RCW 42.17.310(1)(e) exempting you from disclosure, please mark box number 34 on the back of the complaint form. *L&I will not offer this information to any person or organization*; however, based on court precedent and RCW 42.17, the Public Disclosure Act, we cannot guarantee that your name, address or telephone number will be kept confidential. If this is a serious concern, please arrange to discuss your concerns with an Industrial Relations Agent.

In addition to the information requested on the "Complaint Report" form, if the company-wide complaint is wage related, you must provide documentation that supports the complaint. Examples of documentation includes copies of policy manuals or memorandums, pay statements and time records, a record kept of days and hours worked and the activities performed; or, explain why the records and documents cannot be supplied. If such required documentation is not provided, it will cause a delay in the processing or acceptance of the complaint.

**Generally, complaint investigations take between 45 to 60 days to resolve and complex complaints, such as company-wide audits, may take between three to six months. Prevailing wage investigations can take up to two years to resolve.** You will be notified when the employer is contacted or when a final determination has been made. Acceptance of the complaint does not guarantee collection of wages. If the complaint is wage related and we are unable to obtain voluntary payment or we are unable to substantiate the validity of the complaint, you may be advised to take legal action through Small Claims Court or a private counsel.

**To expedite your claim, please turn it in or mail it to the correct L&I field office listed on the reverse side.**

**Public Disclosure information:** RCW 42.17.310—certain personal and other records exempt. (1) The following are exempt from public inspection and copying: ". . . (e) Information revealing the identity of persons who are witnesses to or victims of crime or who file complaints with investigative, law enforcement, or penology agencies, other than the public disclosure commission, if disclosure would endanger any person's life, physical safety, or property. If at the time a complaint is filed with the complainant, victim or witness indicates a desire for disclosure or nondisclosure, such desire shall govern.

**Please turn in or mail your form to the correct L&I field office for processing.** The Industrial Relations Agent who covers the *county* where the *employer* is located will process your claim. If you worked in Washington for an out-of-state employer, please send your form to the L&I office in the county where the work was actually performed.

For mailing, address the envelope to: Industrial Relations Agent, Department of Labor and Industries, and send it to the address as listed below.

Department of Labor and Industries Field Offices				
COUNTY	CITY	MAILING / LOCATION ADDRESS		PHONE # / FAX #
Island San Juan Skagit Whatcom	<u>MOUNT VERNON</u>	525 East College Way, Suite H Mount Vernon, WA 98273-5500		(360) 416-3000 FAX # 416-3030
	<u>BELLINGHAM</u>	1720 Ellis Street, Suite 200 Bellingham, WA 98225-4600		(360) 647-7300 FAX # 647-7310
Snohomish	<u>EVERETT</u>	729 – 100 <sup>th</sup> Street S.E. Everett, WA 98208-3727		(425) 290-1300 FAX # 290-1399
King	<u>SEATTLE</u>	315 – 5 <sup>th</sup> Avenue S., Suite 200 Seattle, WA 98104-2607		(206) 515-2800 FAX # 515-2779
	<u>BELLEVUE</u>	616 – 120 <sup>th</sup> Avenue N.E., Suite C-201 Bellevue, WA 98005-3037		(425) 990-1400 FAX # 990-1445
	<u>TUKWILA</u>	(Mailing) (Street) P. O. Box 69050, Seattle, WA 98168-1050 12806 Gateway Drive, Tukwila, WA 98168-3346		(206) 835-1000 FAX # 835-1099
Pierce	<u>TACOMA</u>	950 Broadway, Suite 200 Tacoma, WA 98402-4453		(253) 596-3945 FAX # 596-3956
Clallam Jefferson Kitsap	<u>BREMERTON</u>	500 Pacific Avenue, Suite 400 Bremerton, WA 98337-1904		(360) 415-4000 FAX # 415-4048
	<u>PORT ANGELES</u>	1605 East Front Street, Suite C Port Angeles, WA 98362-4628		(360) 417-2700 FAX # 417-2733
Grays Harbor Lewis Mason Thurston Pacific***	<u>OLYMPIA</u>	(Mailing) (Street) P. O. Box 44510, Olympia, WA 98504-4510 7273 Linderson Way S.W., Tumwater, WA 98501		(360) 902-5313 FAX # 902-5300
	<u>ABERDEEN</u>	(Mailing) (Street) P. O. Box 66, Aberdeen, WA 98520-0066 415 Wishkah Street, Suite 1-B, Aberdeen, WA 98520-0013		(360) 533-8200 FAX # 533-8220
Clark Klickitat Skamania	<u>VANCOUVER</u>	312 S.E. Stonemill Drive, Suite 120 Vancouver, WA 98684-6982		(360) 896-2300 FAX # 896-2345
Cowlitz Pacific*** Wahkiakum	<u>LONGVIEW</u>	900 Ocean Beach Highway Longview, WA 98632-4013		(360) 575-6900 FAX # 575-6918
Adams* Grant**<South of I-90> Kittitas Yakima	<u>YAKIMA</u>	15 West Yakima Avenue, Suite 100 Yakima, WA 98902-3480		(509) 454-3700 FAX # 454-3710
Benton Columbia Franklin Walla Walla	<u>KENNEWICK</u>	4310 West 24 <sup>th</sup> Avenue Kennewick, WA 99338-1992		(509) 735-0100 FAX # 735-0121
Chelan Douglas Grant**<North of I-90> Okanogan	<u>WALLA WALLA</u>	1815 Portland Avenue, Suite 2 Walla Walla, WA 99362-2246		(509) 527-4437 FAX # 527-4486
	<u>EAST WENATCHEE</u>	519 Grant Road East Wenatchee, WA 98802-5459		(509) 886-6500 FAX # 886-6510
	<u>MOSES LAKE</u>	3001 West Broadway Avenue Moses Lake, WA 98837-2907		(509) 764-6900 FAX # 764-6923
	<u>OKANOGAN</u>	1234 South 2 <sup>nd</sup> Avenue Okanogan, WA 98840-9723		(509) 826-7345 FAX # 826-7349
Adams*(S.E.) Asotin Ferry Garfield Lincoln Pend Oreille	<u>SPOKANE</u>	901 North Monroe Street, Suite 100 Spokane, WA 99201-2149		(509) 324-2600 FAX # 324-2636
Spokane Stevens Whitman	<u>PULLMAN</u>	(Mailing) (Street) P. O. Box 847, Pullman, WA 99163-0847 1250 Bishop Blvd. S.E., Suite G, Pullman WA 99163		(509) 334-5296 FAX # 334-3417

\* AGENTS SHARE COUNTIES



# COMPLAINT REPORT

## CLAIMANT INFORMATION

(NOTE: Please mark "Disclosure" box on page 2 of form.)

1. Your name (First name) (Last name) (Middle initial)				2. Phone number	
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs				H W	
3. Address		City	State	ZIP+4	4. Social Security Number
5. Are you still working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fired <input type="checkbox"/> Quit <input type="checkbox"/> Laid off <input type="checkbox"/> Don't know				6. Date you began working for this employer	
7. If no longer working for this employer, state the reason(s) for leaving				8. If no longer working, last date you worked for this employer	
9. Rate of pay: Hour Day Week Month			10. Other rate of pay: Piece rate Commission Flat rate Other (specify)		
\$ Per <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			\$ Per <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
11. How often are you paid? <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly <input type="checkbox"/> Every other week <input type="checkbox"/> Weekly <input type="checkbox"/> Daily					12. Did you receive pay stubs? <input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are you represented by a Union? <input type="checkbox"/> Yes <input type="checkbox"/> No		14. Do you have a written agreement <input type="checkbox"/> Yes <input type="checkbox"/> No		15. If younger than age 19: Date of birth (mo/day/yr) _____ Were you under age 18 when employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was parent authorization form signed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Type of work performed					

## COMPANY INFORMATION

17. Company name		18. Type of business	19. Is this an agricultural business? <input type="checkbox"/> Yes <input type="checkbox"/> No
20. Mailing address		City State ZIP+4	21. Phone Number at Mailing Location
22. Address where work is performed, if different		City State ZIP+4	23. Phone Number at Physical Location
24. Was any work performed outside of Washington State? <input type="checkbox"/> Yes <input type="checkbox"/> No		25. Owner, manager or supervisor's name	26. Are you related? <input type="checkbox"/> Yes <input type="checkbox"/> No
27. If "Yes" is checked in question 26, please describe your relationship to the employer		28. Is the company still in business? <input type="checkbox"/> Yes <input type="checkbox"/> No	29. Have they filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No
30. Estimated number of employees affected by this complaint			

## COMPLAINT SECTION

31. <b>Type of Claim:</b> Check appropriate box and, if required, provide additional information on back of form or on a separate sheet of paper. Please note, if the complaint is <u>wage related</u> , you must provide documentation which supports the complaint.			
<input type="checkbox"/> Meal and rest periods	<input type="checkbox"/> No regular pay day	<input type="checkbox"/> Unauthorized deductions	<input type="checkbox"/> Unpaid hours worked
<input type="checkbox"/> Pay statements	<input type="checkbox"/> Uniform charges	<input type="checkbox"/> Nonpayment of minimum wage	<input type="checkbox"/> Bad checks
<input type="checkbox"/> Nonpayment of overtime (Fill out "Overtime Complaint" section on back of form.)			<input type="checkbox"/> Minor work laws
<input type="checkbox"/> Unpaid prevailing wage (Fill out "Prevailing Wage Complaint" section on back of form.)			
<input type="checkbox"/> Other (specify)			
32. <b>Details of complaint:</b> Please explain above-checked item(s)			

**YOUR DISCLOSURE DESIGNATION, SIGNATURE & CONTACT PERSON INFORMATION**

33 ☐ DO NOT disclose my identity. Under RCW 42.17.310(1)(e), I request that my identity be withheld as disclosure would endanger my life, physical safety or property. Additionally, this statement may be made available to other agencies if it will assist them in the performance of their statutory functions. This statement may be subject to disclosure only in accordance with the applicable statutes such as the Washington Public Disclosure Act and agency policy

34 ☐ My identity MAY BE DISCLOSED if formally requested under RCW 42.17, the Public Disclosure Act

**To the best of my knowledge, the information I have entered on this form is true and accurate**

Please provide the name, address and telephone number of a contact person not living at your residence who will always know how to reach you. This is necessary in the event we cannot locate you at the address or phone number listed for you on your form.

35. Date	36. Signature
37. Name	
38. Phone number	
39. Address	
City	State ZIP+4

**OVERTIME AND PREVAILING WAGE SUPPLEMENTAL INFORMATION**

**Please attach copies (not originals) of pay statements and any record of hours worked.**

**OVERTIME COMPLAINT**

40. Rate of pay: Hour Day Week Month \$ _____ Per <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	41. Other rate of pay: Piece rate Commission Flat rate Other (specify) \$ _____ Per <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
42. How often were you paid? <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly <input type="checkbox"/> Every other week <input type="checkbox"/> Weekly <input type="checkbox"/> Daily <input type="checkbox"/> Other (specify)	
43. Were you paid straight time for overtime hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	44. Were overtime hours recorded by the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
45. Are overtime hours on time cards? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
46. Did you receive pay stubs? <input type="checkbox"/> Yes <input type="checkbox"/> No	47. Do you have your pay stubs? <input type="checkbox"/> Yes <input type="checkbox"/> No
48. Do you have your own record of hours worked other than pay stubs <input type="checkbox"/> Yes <input type="checkbox"/> No	

**PREVAILING WAGE COMPLAINT** Complete this section is to report possible violations of the Public Works Act, RCW 39.12.

49. Project name	50. Awarding agency (public entity work is being performed on behalf of)
51. Name of general contractor (prime contractor)	
52. Job classification (type of work performed)	
53. Hourly rate paid \$ _____	54. Prevailing wage rate required (if known) \$ _____
55. Was an "Intent to Pay Prevailing Wage" form posted on the job site? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
56. Is project completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	57. Project completion date
58. Does your employer provide any benefits? <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vacation <input type="checkbox"/> Pension <input type="checkbox"/> Holidays <input type="checkbox"/> Other	
59. If "Other" checked in question 58, please specify other benefit(s)	

**This Section for Department Use Only**

Full amount due	\$ _____	Field Investigation <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Close Out Information</b>
Settlement paid	\$ _____	Citation Issued <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of resolution (specify)		If "Yes", Citation number:	<input type="checkbox"/> Paid \$ _____
General Referral		Date issued:	<input type="checkbox"/> Unpaid
Lawyer Referral		Violation of RCW # _____	Date closed:
Other		Violation of WAC # _____	
Agent's name:			